MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/670,568 FILING DATE

APPLICANT(S)

12/31/03 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51							
2	1		1		1		52							
3		1		1		1	53							
4	1		✗		—		54							
5	1				—		55							
6	1				—		56							
7		1		1		1	57							
8		1				—	58							
9	1		✗		—		59							
10		1				—	60							
11	1				—		61							
12	1		✗		—		62							
13	1				—		63							
14	1				—		64							
15		2			—		65							
16		1				1	66							
17			1			1	67							
18		①	✗		—		68							
19				1		1	69							
20			1		1		70							
21			1		1		71							
22				1		1	72							
23			1				73							
24				1			74							
25						1	75							
26						1	76							
27				1			77							
28				1			78							
29						1	79							
30							80							
31							81							
32							82							
33							83							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	10		6		11		TOTAL IND.							
TOTAL DEP.	9		7		7		TOTAL DEP.							
TOTAL CLAIMS	19		13		18		TOTAL CLAIMS							

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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